Atty, Dkt. No. MEDIN1400 (023161-2401)

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November 19, 2001

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Lai and Wang

Title:

PROTECTED FORMS OF

PHARMACOLOGICALLY ACTIVE

AGENTS AND USES THEREFOR

Appl. No.:

09/602,688

Filing

06/23/2000

Date:

Examiner:

F. Higel

Art Unit:

1626

AMENDMENT TRANSMITTAL

Commissioner for Patents Washington, D.C. 20231 Box Non-Fee Amendment

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a [X] Small Entity statement previously submitted.
- Change of Correspondence Address is enclosed. IX]
- The fee required for additional claims is calculated below: [X]

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
			33		0	×	\$18.00	=	\$0.00
Total Claims:	33				-	×	\$84.00	_	\$0.00
Independents:	7		7	= - - ^ =		-	\$280.00	=	\$0.00
First presentati	ation of any Multiple Dependent (IL CIP	CLAIMS FEE TOTAL:		=	\$0.00		

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for [] the total number of months checked below:

Atty. Dkt. No. MEDIN1400 (023161-2401)

\$0.00	\$110.00	all a makin the first month:	
\$0.00	\$400.00	Extension for response filed within the first month:	[]
\$0.00	\$920.00	Extension for response filed within the second month:	1
\$0.00	\$1,440.00	Extension for response filed within the third month:	J
\$0.00	\$1,960.00	Extension for response filed within the fourth month:	}
\$0.00	_	Extension for response filed within the fifth month:]
\$0.00	N FEE TOTAL:		
\$0.00		CLAIMS AND EXTENSIO	
		Small Entity Fees Apply (subtract ½ of above):	
\$0.00	TOTAL FEE:	_	

[]	Please charge Deposit Account No. 50-0872 in the amount of \$ Aduplicate copy of this transmittal is enclosed.
		dubilicate copy of the

A check in the amount of \$____ is enclosed. []

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: November 19, 2001

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Stephen E. Reiter Attorney for Applicant Registration No. 31,192 NOV. 19. 2001 3:36PM

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